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CONFIRMATION NO. 4606

<b>SERIAL NUMBER</b> 09/919,202	<b>FILING OR 371(c) DATE</b> 07/31/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 1-15207	
<b>APPLICANTS</b> James J. Huttner, Sylvania, OH;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/221,906 07/31/2000 and claims benefit of 60/259,788 01/04/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 09/08/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 53	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Donald A. Schurr Marshall & Melhorn, LLC 8th Floor Four SeaGate Toledo ,OH 43604					
<b>TITLE</b> METHOD FOR CONTROLLING THE PAIN FROM INJECTIONS OR MINOR SURGICAL PROCEDURES AND APPARATUS FOR USE THEREWITH					
<b>FILING FEE RECEIVED</b> 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		